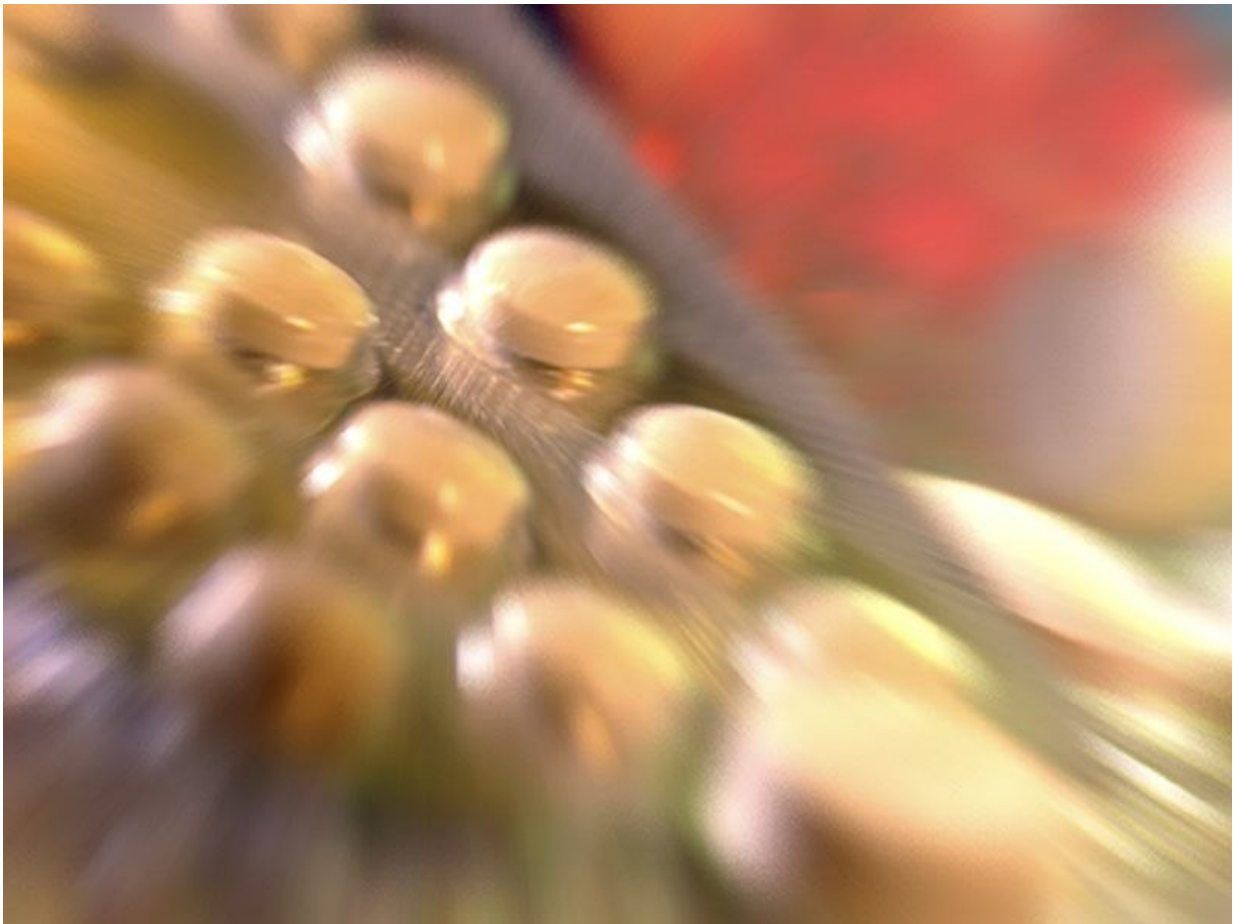


ACC guides treatment of bleeding with oral anticoagulation

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(HealthDay)—A decision pathway has been developed to guide

management of acute bleeding in patients treated with oral anticoagulants (OACs); the decision pathway was published online Dec. 1 in the *Journal of the American College of Cardiology*.

Gordon F. Tomaselli, M.D., from the Johns Hopkins School of Medicine in Baltimore, and colleagues reviewed the evidence and developed policy to guide the management of acute bleeding in patients treated with OACs.

The authors provide a clinically applicable conceptual framework to support clinician decision making during [management](#) of patients with bleeding complications during OAC therapy. In the event of a bleed, the severity should be assessed, and defined as major or non-major. For most patients with [major bleeding](#), reversal of the OAC is recommended if an agent is available. Local measures to control bleeding should be combined with volume resuscitation in the case of ongoing bleeding and/or hemodynamic instability. Local measures should also be employed for nonmajor bleeds, although routine reversal of the OAC is not recommended for nonmajor bleeds. There is a net clinical benefit to restarting OACs after a bleeding event in most cases; the indication for OACs should be reassessed after a bleeding event. Clinicians should consider timing of reinitiation of anticoagulation, associated risks, and associated benefits.

"The writing committee hopes that this decision [pathway](#) helps the multidisciplinary team of clinicians that care for [patients](#) treated with OACs who have bleeding," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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